DriveOn
driveonrocks.org

REFERRAL FORM

NAME:_____DOB:_____SEX: M___ F___

ADDRESS:_____CITY:_____STATE:_____ZIP:_____

HOME PHONE: (_____)_____Cell (_____)_____Work: (_____)_____

E-MAIL:_____

Referral for:	**Beginner Driver**	**Experienced Driver**
	___Permit Preparation	___Driver Evaluation-no equipment
	___Driver Evaluation	___Driver Evaluation-with equipment
	___Driver Training	___Driver Training
	___Equipment Evaluation for Passenger	

DRIVEON SERVICES are NOT covered by insurance. For information regarding current rates, call 271-1894 x1714

REFERRAL SOURCE:_____

Which document do you have? ___License ___Permit ___ID Card Expiration Date:_____
What state is your document? ___ New York __Other (specify): _____
Is your license amended for adaptive equipment? ___Yes ___No
Is your license or permit currently suspended or revoked? __Yes __ No
When did you last operate a motor vehicle? _____

CURRENT DIAGNOSIS (please list) Onset Date:_____
o Aging
o Dementia/Cognitive Disorder :_____
o Congenital Disability: _____
o Developmental Disability:_____
o Learning Disability:_____
o Mental Health Condition: _____
o Medical Condition:_____
o Physical Impairment:_____
o Visual Impairment:_____
o Seizure within the last year? No__ Yes___ Date:_____

Current Medications that may affect safe driving:_____

PHYSICIAN APPROVAL AND MEDICAL SUMMARIES REQUIRED FOR ALL DRIVER EVALUATION REFERRALS
Please include admission and discharge summaries if hospitalized in the past year.
Brain Injury Diagnosis **or** Loss of Consciousness **– *Include neuropsychological evaluation and medical discharge reports.***

Physician (**please print name**): _____

Referring Physician Specialty: __GP __ortho __neuro __gerontology __psych __internal med __cardio Other:_____

Agency/Program:_____Address:_____

City:_____ State_____ Zip:_____ PHONE: (____)_____

_____ _____ _____
Physician's Signature Date REGISTRATION # NPI #

Return completed referral to: **Rochester Rehabilitation– Drive On Services**
1000 Elmwood Avenue, Suite 600, Rochester, New York 14620
PHONE: 585.271.1894 / TOLL FREE: 1.877.823.7483 / FAX: 585.442.6883